



# CITY OF IRVINE

## Community Services Department

One Civic Center Plaza, Irvine, Ca 92606-5208

Phone (949) 724-6620 • Fax (949) 724-6608

Internet: [www.cityofirvine.org](http://www.cityofirvine.org) • E-Mail: [reservations@cityofirvine.org](mailto:reservations@cityofirvine.org)

**Please note that failure to provide the appropriate certificate of insurance with a separate endorsement page listing the City of Irvine as additionally insured may result in rejection of application. Please reference both pages attached.**

| CERTIFICATE OF INSURANCE   |               | <b>005550</b>   |  | DATE (MM/DD/YY)<br>07/03/2008 |              |
|--|---------------|---|--|-------------------------------|--------------|
| PRODUCER:<br><br><b>UNIFORM INSURANCE COMPANY</b><br>P.O. Box 12345<br>Any city, Any state 12345-6789  |               | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.<br><b>COMPANIES AFFORDING COVERAGE</b> |  |                               |              |
| INSURED:   |               | COMPANY A   |  |                               |              |
|  |               | COMPANY B   |  |                               |              |
|  |               | COMPANY C   |  |                               |              |
|  |               | COMPANY D   |  |                               |              |
| COVERAGES:<br>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF BOTH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |               |   |  |                               |              |
| TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY)  | POLICY EXPIRATION DATE (MM/DD/YY)  | LIMITS                        |              |
| GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNER & CCNT PROT<br><input type="checkbox"/> LIABILITY ARISING OUT OF ATHLETIC PARTICIPATION   | ABC 1234 567  | 01/01/2023  | 12/31/2024   | GENERAL                       | \$ 2,000,000 |
|  |               |   |  | PRODUCTS COMP OF AGG          | \$           |
|  |               |   |  | PERSONAL & ADV INJURY         | \$           |
|  |               |   |  | EACH OCCURRENCE               | \$ 1,000,000 |
|  |               |   |  | FIRE DAMAGE                   | \$           |
| AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> RENTED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |               |   |  | COMBINED SINGLE LIMIT         | \$ 1,000,000 |
|  |               |   |  | BODILY INJURY (Per person)    | \$           |
|  |               |   |  | BODILY INJURY (Per inc)       | \$           |
|  |               |   |  | PROPERTY DAMAGE               | \$           |
|  |               |   |  | AUTO ONLY – EA ACCIDENT       | \$           |
| DAMAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |               |   |  | OTHER THAN AUTO ONLY          | \$           |
|  |               |   |  | EACH ACCIDENT                 | \$           |
|  |               |   |  | AGGREGATE                     | \$           |
|  |               |   |  | EACH OCCURRENCE               | \$           |
|  |               |   |  | AGGREGATE                     | \$           |
| EXCESS LIABILITY<br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM  | ABC 1234 567  |   |  | EACH OCCURRENCE               | \$           |
|  |               |   |  | AGGREGATE                     | \$           |
|  |               |   |  | STATUTORY LIMITS              | \$           |
|  |               |   |  | EACH ACCIDENT                 | \$ 1,000,000 |
|  |               |   |  | DISEASE – POLICY LIMIT        | \$           |
| WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY   |               |   |  | DISEASE – EACH EMPLOYEE       | \$           |
|  |               |   |  |                               | \$           |
| OTHER  |               |   |  |                               |              |
| POSITION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS   |               |   |  |                               |              |
| CERTIFICATE HOLDER<br><br><b>CITY OF IRVINE, GREAT PARK CORPORATION, ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND REPRESENTATIVES ONE CIVIC CENTER PLAZA PO BOX 19575 IRVINE, CA 92623-9575</b>  |               |   | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AS CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT<br><br>AUTHORIZED REPRESENTATIVE<br><br><b>UNIFORM INSURANCE COMPANY</b> |                               |              |



# CITY OF IRVINE

## Community Services Department

**INSURANCE SERVICES OFFICE, INC.**

**P.O. BOX 12345**

**Any City, Any State 12345-6789**

**(555) 555-5555**

**POLICY NUMBER: ABC1234567**

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

### **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

#### **SCHEDULE**

Name of Person or Organization:

**City of Irvine, Great Park Corporation its Officers,  
Employees, Agents, Volunteers, and  
Representatives**

One Civic Center Plaza

PO Box 19575

Irvine, Ca 92623-9575

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.